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Our Ref: ADD/14/15636

Your Ref:

Mr Keir Delaney Secretary Standing Committee on Legal and Social Issues Legislative Council Parliament of Victoria Parliament House EAST MELBOURNE VIC 3002

## Dear Mr Delaney

Thank you for your letters of 12 June 2014 to myself, Matthew McCrone and Dan Jefferson regarding the evidence provided by the Department of Health to the Standing Committee on Legal and Social Issues for its inquiry into community pharmacy. This response constitutes a combined departmental response to these letters.

Responses to the questions that were taken on notice are set out below, together with a further update on the real-time prescription monitoring system for Victoria, which was the subject of a question raised by a Committee member during the hearing.

## Pharmacotherapy program

Please note that the total number of pharmacies that dispense pharmacotherapy across Victoria (as at 19 June 2014) is 494. The figure of 487 was provided to the committee, which was correct as at the end of May 2014. Seven new dispensing pharmacies have been added to the database since this last count and a full list of these 494 locations is attached to this letter.

To address the needs of rural and regional communities in relation to pharmacotherapy access, the Victorian Government is investing \$11 million over four years, and recurrently, to enhance Victoria's community based pharmacotherapy system. Central to this investment is the establishment of new pharmacotherapy networks across Victoria which are tasked to ensure that an integrated, coordinated and accessible pharmacotherapy system is available for people addicted to opioid, whether they live in metropolitan Melbourne or regional Victoria.



Incentive payments for pharmacists

Under the 5<sup>th</sup> Community Pharmacy Agreement, \$344 million is provided for the Pharmacy Practice Incentive (PPI) Programme. The PPI Programme's six priority areas recognise the beneficial health outcomes that can be achieved through the delivery of quality services by community pharmacies. The PPI priority areas are dose administration aids, clinical Interventions, staged supply, primary health care, community services support and working with others.

The department has contacted The Pharmacy Guild of Australia - Victoria to seek further information on incentive payments for pharmacists. The Pharmacy Guild has referred the department to page 5 of the attached 2011 publication, which provides information regarding average incentive payment amounts. The Committee may wish to seek further information on this matter from the Pharmacy Guild when it appears at the public hearing of Wednesday 25 June 2014.

## Real time prescription monitoring

As I mentioned at the hearing, there is a general consensus among the Commonwealth and State and Territory governments that a real-time prescription monitoring system should be a national system. However, this is a complex matter and while all States and Territories are currently considering the issue, only Tasmania has so far introduced a limited real-time prescription monitoring system.

At the Minister's request the Department of Health commissioned a business case to examine and report on the options for introducing real-time prescription monitoring in Victoria. The Department has received a final report and is currently considering the options in the business case to ensure any implementation is in line with the whole of government strategy *Reducing the alcohol and drug toll: Victoria's plan 2013-2017* and can fit within a nationally co-ordinated system. However, matters associated with implementation of such a system are complex and need to be thoroughly examined before any decision is made.

Yours sincerely

Peter fitzge/ald
Deputy Secretary
Health Strategy, Productivity and Analytics

25/ 6 / 2014